



John Flynn <JFlynn@afphq.org> on 09/25/2010 05:27:31 PM

To: ""2022190174@fec.gov"" <2022190174@fec.gov>

cc:

Subject: FEC Form 9

Attached please find FEC Form 9 for Americans for Prosperity. Please let me know if you have any questions.

Regards,

John Flynn
EVP/General Counsel
Americans for Prosperity
(703) 224-3200



FEC Form 9 - 9-25-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New
or

☐ Amended

4. Covering Period

09 14 2010
through

09 24 2010

5. (a) Date of Public Distribution(s)

09 24 2010

(b) Communication Title

"VIC Bus Tour Story Point 9.29"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Steve Mullins

(b) Address (number and street)

2111 Wilson Blvd, Suite 350

(c) City, State and ZIP Code

Arlington VA 22201

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

1 000 00

10. Total Disbursements/Obligations This Statement

13 380 00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE



DATE

09/25/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 7

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Tim Phillips		
	(b) Address (number and street)	2111 Wilson Blvd Ste 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	President		
B.	(a) Name	John Flynn		
	(b) Address (number and street)	2111 Wilson Blvd Ste 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	Secretary/Treasurer		
C.	(a) Name	Steve Mullins		
	(b) Address (number and street)	2111 Wilson Blvd Ste 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	CFO		
D.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
E.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 7

<p>A. Full Name of Donor <u>Chicago Tea Patriots, LTD</u></p> <p>Mailing Address of Donor <u>11308 South Trumbull Ave</u></p> <p>City <u>Chicago IL</u> State <u>IL</u> Zip <u>60655</u></p>	<p>Date of Receipt <u>09 04 2010</u></p> <p>Amount <u>1,000.00</u></p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ <u>100000</u></p> <p>TOTAL This Period (last page this line number only) ▶ <u>100000</u> (carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 7

A. Full Name (Last, First, Middle Initial) of Payee WYLL			Date of Disbursement or Obligation 09 14 2010		
Mailing Address of Payee 25 Northwest Point Blvd			Amount 1,000.00		
City Elk Grove Village	State IL	Zip Code 60007	Communication Date 09 14 2010		
Name of Employer _____			Occupation _____		
Purpose of Disbursement (including title(s) of communication(s)) Placement of Radio Ad "St. Charles Event"					
Name of Federal Candidate Bill Foster		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 14	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee Konjolka Media			Date of Disbursement or Obligation 09 23 2010		
Mailing Address of Payee PO Box 666			Amount 980.00		
City Weston	State MA	Zip Code 02493	Communication Date 09 23 2010		
Name of Employer _____			Occupation _____		
Purpose of Disbursement (including title(s) of communication(s)) Placement of Radio Ad "AFP Bus Stop Fruitland"					
Name of Federal Candidate Frank Kretoril		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MD District: 1	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
1,980.00					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **5** OF **7**

A. Full Name (Last, First, Middle, Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>09 23 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>940 00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer 		Occupation 		Communication Date <u>09 23 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Ad "NIC Bus Stop Salem 9.28"</u>					
Name of Federal Candidate <u>Anne McLane Kuster</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NH</u> District: <u>2</u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle, Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>09 23 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>940 00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer 		Occupation 		Communication Date <u>09 24 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Ad "NIC Bus Tour Rome 9.28"</u>					
Name of Federal Candidate <u>Michael Arcuri</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NY</u> District: <u>24</u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<u>1 880 00</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 6 OF 7

A. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>09 23 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>5600.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer 				Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) <u>Placement of Radio Ad "NIC Bus Tour Stony Point 9.29"</u>					
Name of Federal Candidate <u>John Hall</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NY</u> District: <u>19</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
B. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>09 23 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>1140.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer 				Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) <u>Placement of Radio Ad "NIC Bus Tour Watertown 9.29"</u>					
Name of Federal Candidate <u>Bill Owens</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NY</u> District: <u>23</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
SUBTOTAL of Disbursements/Obligations This Page (optional)				<u>6740.00</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 7 OF 7

A. Full Name (Last, First, Middle Initial) of Payee Konjoka Media				Date of Disbursement or Obligation 09 23 2010	
Mailing Address of Payee PO Box 6160				Amount 2,780.00	
City Weston		State MA		Zip Code 02493	
Name of Employer Occupation				Communication Date 09 24 2010	
Purpose of Disbursement (Including title(s) of communication(s)) Placement of Radio Ad "NIC Bus Tour Hudson 9.28"					
Name of Federal Candidate Scott Murphy		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 20	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee					
City		State		Zip Code	
Name of Employer				Occupation	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
2,780.00					
TOTAL This Period (last page this line number only)					
13,380.00					

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): Email	Date of Receipt or Postmarked 9/25/2010

PREPARER:
(3/2005)

DATE PREPARED